

249932

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter from TDK
Holding LLC Dba TDK Limousines

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2014 - 149 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: David Scott Huber-Kulhawik

Telephone: 803-353-4588

Address: 1173 Cherokee Ave

Fax: 704-626-2670

Rock Hill, SC 29732

Other:

Email: tdkulhawik12@tdkholding.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
☐ Application - Class C Taxi
☒ Application - Class C Charter
☐ Application - Class C Charter Bus
☐ Application - Class C Non-Emergency
☐ Application - Class C Stretcher Van
☐ Application - Class E Household Goods
☐ Application - Class E Hazardous Waste
☐ Application
☐ Request for Extension to Comply with Order
☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
☐ Request for Cancellation of Certificate
☐ Request for Suspension
☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
☐ Request to Amend Scope of Authority
☐ Request to Amend Tariff (rate increase, etc.)
☐ Request to Amend Passenger Limit
☐ Request
☐ Exhibit
☐ Late-Filed Exhibit
☐ Letter
☐ Proposed Order
☐ Publisher's Affidavit
☐ Reservation Letter
☐ Response
☐ Return to Petition
☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

Date: 03/25/2014

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

TDK Holding LLC Dba TDK Limousines

1173 Cherokee Ave, Rock Hill, SC 29732

Street Address of Applicant

PO BOX 1123, Gastonia, NC 28053

Mailing Address of Applicant (if different from street address)

803-353-4588

Phone

704-626-2670

Fax

tdkulhawik12@tdkholding.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

David Scott Kulhawik, 309 Woodlawn Ave, Gastonia, NC 28053

Theodore James Kulhawik, 309 Woodlawn Ave, Gastonia, NC 28053

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month March Year 2014

Assets:

Cash	5200.00
Receivables	5000.00
Real Estate	
Buildings and Equipment (Net)	10,000.00
Motor Vehicles (Net)	40,000.00
Garage Equipment (Net)	10,000.00
Machinery and Tools (Net)	
Supplies on Hand	5000.00
Prepays and Other Assets	
Total Assets*	75,200.00
<u>Liabilities and Equity:</u>	
Accounts Payable	1200.00
Notes Payable	1367.00
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	2600.00
Other Accrued Obligations	
Other Liabilities	1600.00
Total Liabilities	6767.00
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity*	75,200.00

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Limousine - 175.00 per Hour

Sedan - 125.00 per Hour

Suv - 150.00 Per Hour

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

☐ 1-7 Passengers, including driver
☒ 8-15 Passengers, including driver

4 of 9

Mar 04 2014 08:51PM Carolina Mortuary Service 7045666430

page 1

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE**

The following insurance quote is for:

TDK Holding, LLC DBA TDK LIMOUSINES

Name of Applicant

P.O. BOX 1123, GASTONIA, NC 28053

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 6,385.00

Limits \$5,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

CYPRESS INSURANCE COMPANY

Name of Insurance Company

3333 FARNAM STREET, SUITE 300, OMAHA, NE 68131

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

03/04/2014

Date

Roger L. Boggs

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

TDK Holding LLC Dba TDK LimousinesName of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

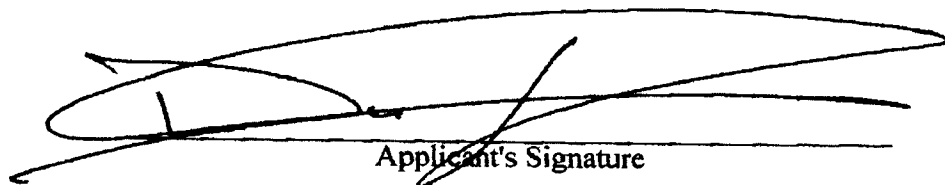
☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

Owner / Member
Title of Applicant (e.g. President, Owner, etc.)

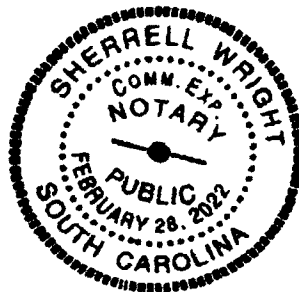
STATE OF SOUTH CAROLINA)
COUNTY OF York)

This 9 SWORN TO BEFORE ME day of April 2014


Notary Public

Commission Expires

February 28, 2022



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Authorization

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

TDK HOLDING LLC, A Limited Liability Company duly organized under the laws of the State of MICHIGAN, and issued a certificate of authority to transact business in South Carolina on March 4th, 2014, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 5th day of March,
2014

A handwritten signature of Mark Hammond in black ink.

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT
COPY AS TAKEN FROM AND COMPARED
WITH THE ORIGINAL ON FILE IN THIS OFFICE

Mar 05 2014

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

140305-0009

Filed: 3/4/2014

TDK HOLDING LLC

Filing Fee: \$135.00 ORIG

Mark Hammond South Carolina Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

APPLICATION FOR A CERTIFICATE OF AUTHORITY
BY A FOREIGN LIMITED LIABILITY COMPANY
TO TRANSACT BUSINESS IN SOUTH CAROLINA

The following Foreign Limited Liability Company applies for a Certificate of Authority to Transact Business in South Carolina in accordance with Section 33-44-1002 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the foreign limited liability which complies with Section 33-44-1005 of the 1976 South Carolina Code as amended is TDK HOLDING LLC

2. The name of the State or Country under whose law the company is MICHIGAN

3. The street address of the Limited Liability Company's principal office is
1173 CHEROKEE AVE

Street Address

ROCK HILL

SC US

297322404

City

State

Zip Code

4. The address of the Limited Liability Company's current designated office in South Carolina is
1173 CHEROKEE AVE

Street Address

ROCK HILL

SC

297322404

City

State

Zip Code

5. The street address of the Limited Liability Company's initial agent for service of process in South Carolina is
1173 CHEROKEE AVE

Street Address

ROCK HILL

SC

297322404

City

State

Zip Code

and the name of the Limited Liability Company's agent for service of process at the address is

THEODORE JAMES KULHAWIK

Electronically filed on SCBOS.
Signature not required.

Name

Signature

TDK HOLDING LLC

Name of Limited Liability Company

6. ☐ Check this box if the duration of the company is for a specified term, and if so, the period specified

7. ☒ Check this box if the company is manager-managed. If so, list the names and business addresses of each manager

a) THEODORE J KULHAWIK

Name

309 WOODLAWN AVE

Business Address

GASTONIA

NC US

280520708

City

State

Zip Code

a) DAVID SCOTT KULHAWIK

Name

309 WOODLAWN AVE

Business Address

GASTONIA

NC US

280520708

City

State

Zip Code

8. ☐ Check this box if one or more members of the foreign limited liability company are to be liable for the company's debt and obligation under a provision similar to Section 33-44-303(c) of the 1976 South Carolina Code of Laws, as amended.

Date 2014-03-04

Electronically filed on SCBOS.
Refer to attached signature page.

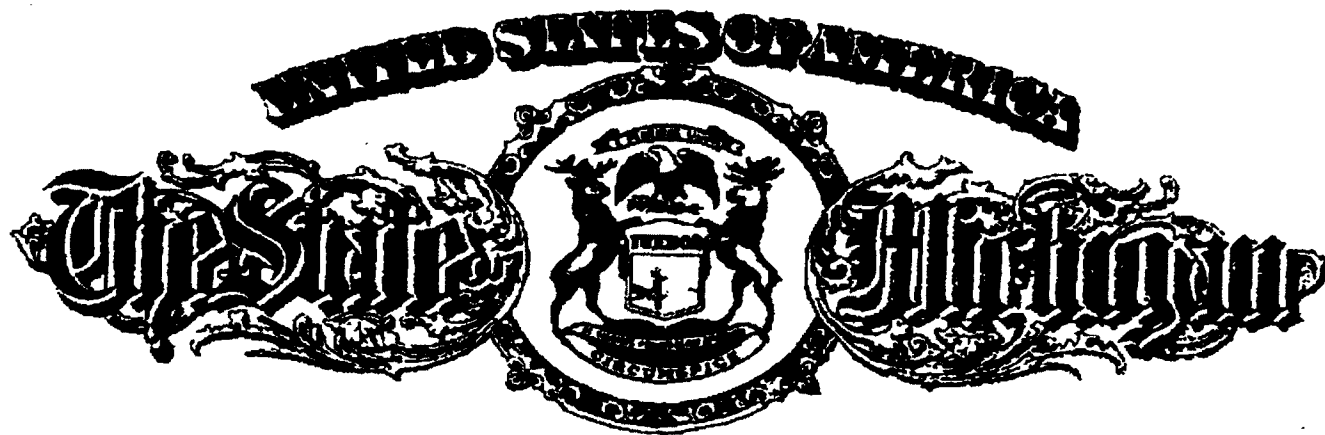
Signature

Name

Capacity

03/04/2014 1:56:16 PM -0500 DELEG FAXCOM

PAGE 3 OF 3



Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That

TDK HOLDING LLC

was validly organized on October 15, 2013 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission
1198225

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 4th day of March, 2014*

Alan J. Scheffke, Director
Corporations, Securities & Commercial Licensing Bureau

Michigan Department of Licensing and Regulatory Affairs

Filing Endorsement

This is to Certify that the ARTICLES OF ORGANIZATION (DOMESTIC L.L.C.)

for

TDK HOLDING LLC

ID NUMBER: E3047C

received by facsimile transmission on October 11, 2013 is hereby endorsed

Filed on October 15, 2013 by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 15TH day of October, 2013.

***Alan J. Schefke, Director
Corporations, Securities & Commercial Licensing Bureau***

10-11-13 16:25 FROM-ACS

1800-388-0330

T-084 P0003/0004 F-022

BCS/CD-700 (Rev. 05/10)

MICHIGAN DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH BUREAU OF COMMERCIAL SERVICES											
Date Received	(FOR BUREAU USE ONLY)										
	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.										
<table border="1"> <tr> <td colspan="3">Name Rocket Lawyer</td> </tr> <tr> <td colspan="3">Address 5668 E 61st Street</td> </tr> <tr> <td>City Commerce</td> <td>State CA</td> <td>ZIP Code 90040</td> </tr> </table>			Name Rocket Lawyer			Address 5668 E 61st Street			City Commerce	State CA	ZIP Code 90040
Name Rocket Lawyer											
Address 5668 E 61st Street											
City Commerce	State CA	ZIP Code 90040									
EFFECTIVE DATE:											

Document will be returned to the name and address you enter above.
If left blank, document will be returned to the registered office.

ARTICLES OF ORGANIZATION

For use by Domestic Limited Liability Companies

(Please read information and instructions on reverse side)

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned executes the following Articles:

ARTICLE I

The name of the limited liability company is: TDK Holding LLC

ARTICLE II

The purpose or purposes for which the limited liability company is formed is to engage in any activity within the purposes for which a limited liability company may be formed under the Limited Liability Company Act of Michigan.

Holding Company

ARTICLE III

The duration of the limited liability company if other than perpetual is: _____

ARTICLE IV

- The name of the resident agent at the registered office is: Theodore Kulhawik
- The street address of the location of the registered office is:

980 Brentwood Rd	Jackson	, Michigan	49202
(Street Address)	(City)		(Zip Code)
- The mailing address of the registered office if different than above:

_____	_____	, Michigan	_____
(P.O. Box or Street Address)	(City)		(Zip Code)

ARTICLE V (Insert any desired additional provision authorized by the Act; attach additional pages if needed.)

Signed this 11 day of October, 2013

By Victoria Salazar
(Signature(s) of Organizer(s))

Victoria Salazar

(Type or Print Name(s) of Organizer(s))

10/11/2013 7:36PM (GMT-04:00)

V00000001 (REV. 02/13)

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU****FILED**

Date Received

(FOR BUREAU USE ONLY)

DEC 08 2013

DEC 08 2013

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Administrator
Corporation DivisionTran Info: 1 19102726-1 12/05/13
Chk#: 1003 Amt: \$25.00
ID:

Name	Theodore Kulhawik		
Address	309 Woodlawn Ave		
City	State	ZIP Code	
Gastonia	North Carolina	28052	

EXPIRATION DATE:
DECEMBER 31, 2018Document will be returned to the name and address you enter above.
If left blank, document will be returned to the registered office.**CERTIFICATE OF ASSUMED NAME**For use by Corporations, Limited Partnerships and Limited Liability Companies
(Please read information and instructions on the last page)

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), or Act 162, Public Acts of 1982 (nonprofit corporations), Act 213, Public Acts of 1982 (limited partnerships), or Act 23, Public Acts of 1993 (limited liability companies), the undersigned execute the following Certificate:

1. The name of the corporation, limited partnership, or limited liability company is:

TDK HOLDING LLC

2. The identification number assigned by the Bureau is:

3. The assumed name under which business is to be transacted is:

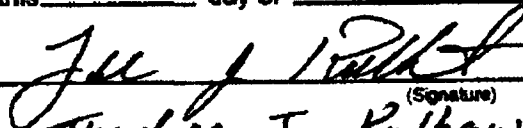
TDK LIMOUSINES LLC

4. This document is hereby signed as required by the Act.

COMPLETE ITEM 5 ON PAGE 3 IF THIS NAME IS ASSUMED BY MORE THAN ONE ENTITY.

Signed this 22 day of November, 2013

By



(Signature)

Theodore J. Kulhawik

(Type or Print Name)

Member

(Type or Print Title or Capacity)

(Limited Partnerships Only - Indicate Name of General Partner, if the General Partner is a corporation or other entity)